



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**MEMORANDUM**

**TO: LOUISIANA NURSING FACILITIES AND HOSPICE AGENCIES**

**FROM: JERRY PHILLIPS, MEDICAID DIRECTOR**  
*Jerry Phillips*  
**DHH, BUREAU OF HEALTH SERVICES FINANCING**

**HUGH ELEY, ASSISTANT SECRETARY**  
*Hugh Eley*  
**OFFICE OF AGING AND ADULT SERVICES**

**RE: NURSING HOME ISSUES**  
**A. BED CAPACITY**  
**B. MEDICAID VENDOR PAYMENT**  
**C. ADMISSION REQUIREMENTS**

**DATE: SEPTEMBER 15, 2008**

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Hurricane Gustav struck Louisiana on September 1, 2008. Negative effects experienced from this storm were greatly moderated by Louisiana's preparation and the evacuations of at risk nursing homes.

HHS Secretary Leavitt signed a "Waiver or Modification of Requirements Under Section 1135 of the Social Security Act" on August 31, 2008, allowing Louisiana Medicaid some relief in order to be able to mitigate the changing conditions caused by Hurricane Gustav. This 1135 Waiver was retroactive in Louisiana to August 27, 2008. The 1135 Waiver terminates upon:

1. The termination of the declaration by the President of the emergency or disaster under the Robert T. Stafford Act or the National Emergencies Act (as applicable);
2. The termination of the declaration by the Secretary of the public health emergency, pursuant to Section 319 of the Public Health Services Act; or
3. A period of 60 days from the date the waiver was published.

Under this authority, Louisiana will allow for the following current relief to nursing home providers, until the termination of the 1135 Waiver or until the Department determines that conditions no longer warrant this relief.

## **A. LICENSED BED CAPACITY:**

A-1. In the event that a host nursing facility receives nursing home residents from an evacuating nursing facility, the host nursing facility will be allowed to exceed its licensed bed capacity for a maximum of five days, but only to the extent that essential care and services are provided to all residents and that the needs of all residents are met.

A-2. A host nursing facility may request one extension, not to exceed fifteen days, to continue to exceed its licensed bed capacity.

- a. A host nursing facility shall submit the extension request in writing to the Health Standards Section (Attn: Nursing Home Desk, Fax (225) 342-5292) prior to the expiration of the original five day period.
- b. The extension request shall be based upon information that the nursing facility's residents will return to the evacuating nursing home's licensed location or be placed in alternate licensed nursing home beds within the extension period requested.
- c. The extension shall only be granted for good cause shown and for circumstances beyond the control of the host nursing facility.
- d. The extension shall be granted only if essential care and services to residents are ensured at the host nursing home, and only if the host nursing home can meet the needs of all residents.

A-3. Upon the expiration of the five days or upon the expiration of the written extension granted to the host nursing facility, the host nursing home shall immediately return to its licensed bed capacity.

A-4. In the event that the resident cannot return to the evacuated nursing facility or cannot reasonably be placed in another nursing facility with an available licensed bed during the extension period, the host nursing home may apply for a temporary hardship exception to the licensed bed capacity.

- a. The host nursing home shall submit a written temporary hardship exception request to the Department (Attn: Nursing Home Desk, Fax (225) 342-5292) prior to the expiration of the original five day period or prior to the expiration of any extension granted.
- b. The temporary hardship exception may be granted by the Department for a period not to exceed fifteen days.
- c. The temporary hardship exception shall be granted only if essential care and services to the residents are ensured at the host nursing home, and only if the host nursing home can meet the needs of all residents.

## **B. MEDICAID VENDOR PAYMENT:**

B-1. When a resident is evacuated to a temporary shelter site (an unlicensed sheltering site or a licensed nursing home) for less than 24 hours, the Medicaid vendor payment to the evacuating facility will not be interrupted.

B-2. When a resident is evacuated to a temporary shelter site (an unlicensed sheltering site or a licensed nursing home) for greater than 24 hours, the evacuating nursing facility may submit claim for Medicaid vendor payment for a maximum of five days, provided that the evacuating nursing facility provides sufficient staff and resources to ensure the delivery of essential care and services to the resident.

B-3. When a resident is evacuated to a temporary shelter site, which is a unlicensed sheltering site, for greater than 5 days, the evacuating nursing facility may submit claim for Medicaid vendor payment for up to an additional 15 days, provided that:

- a. The evacuating nursing facility has received an extension to stay at the unlicensed sheltering site; and
- b. The evacuating nursing facility provides sufficient staff and resources to ensure the delivery of essential care and services to the resident and to ensure the needs of the resident are met.

B-4. When a resident is evacuated to a temporary shelter site, which is a licensed nursing home, for greater than five days, the evacuating nursing facility may submit claim for Medicaid vendor payment for an additional period, not to exceed 55 days, provided that:

- a. The host/receiving nursing home has sufficient licensed and certified bed capacity for the resident or the host/receiving nursing home has received Departmental and/or CMS approval to exceed the licensed and certified bed capacity for a specified period; and
- b. The evacuating nursing facility provides sufficient staff and resources to ensure the delivery of essential care and services to the resident and to ensure the needs of the resident are met.

B-5. If a resident is evacuated to a temporary shelter site which is a licensed nursing home, the receiving/host nursing home may submit claims for Medicaid vendor payment as follows:

- a. Beginning Day 2 and continuing during the "sheltering period" and any extension period, if the evacuating nursing home does not provide sufficient staff and resources to ensure the delivery of

- essential care and services to the resident and to ensure the needs of the residents are met, or
- b. Upon admission of the evacuated residents to the host/receiving nursing facility; or
- c. Upon obtaining approval of a temporary hardship exception from the Department, if the evacuating nursing facility is not submitting claims for Medicaid vendor payment.

B-6. Only one nursing facility may submit claims and be reimbursed by the Medicaid Program for each Medicaid resident for the same date of service.

B-7. A nursing facility may not submit claims for Medicaid vendor payment for non-admitted residents beyond the expiration of its extension to exceed licensed (and/or certified) bed capacity or expiration of its temporary hardship exception.

B-8. At this time, the Department is issuing no guidance on whether a nursing home will be allowed to exceed its facility need review approvals when submitting claims for Medicaid vendor payment. The Department will seek direction from the Centers for Medicare and Medicaid Services on this issue, on a case by case basis.

## **C. NURSING HOME ADMISSION REQUIREMENTS**

C-1 The qualifying stay requirement that mandates an intended 30 day stay for recipients in order to allow Medicaid payment to the provider will be waived under the authority of the 1135 Declaration for the period covered that declaration.

C-2 For any new admissions to a nursing facility directly related to Hurricane Gustav:

- a. Submit a complete admission packet to include a LOCET.
- b. Section "BB Evacuee Determination" located on page 4 of the LOCET must now be completed for all new LOCETs until further notice. Please note that if Item BB.1. is answered "no" then the remaining items BB.2 through BB.8. should be skipped. A new version of LOCET for Nursing Facilities will be available on the OAAS website today. [www.oaas.dhh.louisiana.gov](http://www.oaas.dhh.louisiana.gov) Follow these links: LOCET Forms & Information, NF LOCET Forms, NF LOCET Packet Documents & Forms. The new form revision date is 09/08/08.
- c. Write on top of the 148, "Gustav Evacuee."
- d. Level I and Level II PASRR rule applies as with any new nursing facility admission.

C-3 For other routine (Non hurricane related) admissions, readmissions, extensions, Level of Care request, deaths, discharges, and direct transfers, standard admission rules apply. Remember that Section BB must be answered on all LOCETs. See Section C-2.b. above for details on Section BB.

C-4 Please do not submit 148 notice of direct transfer for NF to NF evacuees, NF shelter in place evacuees, or other NF shelter arrangements carried out according to the facility's evacuation plan.

- a) If a NF to NF evacuee remains in a licensed and certified bed at the host facility for greater than 60 days following the hurricane or catastrophic event, the host facility must submit a 148 notice of direct transfer to OAAS and Medicaid eligibility.
- b) At that time, indicate on top of the 148, "Gustav Evacuee."

C-5 In order for providers to obtain Medicaid financial reimbursement, all admissions have to meet all financial and level of care requirements.

C-6 To expedite the transfer of persons from shelters to nursing facilities after Hurricane Gustav, OPH (Office of Public Health) staff (nursing or DIS) may administer a tuberculin PPD skin test. The skin test must be read 48 – 72 hours after administration, and may be read by OPH staff (if patient is still in shelter) or by the nursing facility staff (if already admitted there). Nursing Home admissions do not have to be held up pending the results of the required TB skin test, but the PPD must be read 48 to 72 hours after administration. The test must still be performed. If the medical record indicates the resident has previously tested positive, a Mantoux PPD should not be performed. A Chest X Ray would also be performed.

C-7 Temporary Absence Due to Evacuation - Leave Day Policy

- a. When the resident is evacuated for less than twenty-four (24) hours, the monthly vendor payment to the facility is not interrupted.
- b. When the staff is sent with the resident(s) to the evacuation site, the monthly vendor payment to the facility is not interrupted.
- c. When the resident is evacuated to a family or friend's home, at the facility's request, the facility shall not submit a claim for a day of service or leave day, and patient liability shall not be collected.
- d. When the resident goes home at the family's request or on their own initiative, a leave day shall be charged.
- e. Temporary absence due to an emergency evacuation will not constitute the need for a patient discharge.

If additional information is required regarding licensed bed capacity, extensions or hardships, please contact Health Standards at (225) 342-4997. If additional information is required regarding Medicaid vendor payment, please contact Rate and Audit at (225) 342-6116. For additional information regarding admission documentation and submission of admission packets, please contact OAAS Nursing Facility Admissions at (225) 219-1910 or (337) 262-1762.

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